

Kentucky Department for Environmental Protection
Division of Waste Management
Appropriate Regional Office

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DO NOT WRITE IN THIS SPACE

Visit : <http://waste.ky.gov/ust> to identify the appropriate regional office for your county

DRAFT

Notice of Intent to Permanently Close Underground Storage Tank or Piping

Date Form Completed		/ /	
1. UST Facility Information			
Agency Interest Number (AI)			
UST Facility Name			
UST Facility Physical Address	Street Address:		
	City:	County:	Zip Code: -
2. UST System Owner Information			
UST System Owner Name			
UST System Owner Mailing Address	Street Address:		
	City:	State:	Zip Code: -
UST System Owner Contact Information	Phone: () -	Email:	
3. Permanent Closure Information			
Type of Closure	<input type="checkbox"/> Removal from the ground <input type="checkbox"/> Closure in Place <input type="checkbox"/> Change in Service (Assessment)		
	Fill material to be used for closed in place tanks: _____		
System Components	<input type="checkbox"/> Tank & Piping <input type="checkbox"/> Tank Only <input type="checkbox"/> Piping Only ¹ - Substance Contained: _____		
Number of Tanks or Piping			
Closure Date Scheduled	/ /		
4. SFMO² Certified Remover Information			
SFMO Certified Remover Name			License Number
SFMO Certified Remover Contact Information	Phone: () -	Email:	
5. Signature			
I certify, under penalty of law, that I personally examined and am familiar with the information submitted in this and all attached documents, and that based on m inquiry of those individuals immediately responsible for obtaining the information, I certify that the submitted information is true, accurate, and complete. KRS 224.99-010(4) provides for penalties for submitting false information, including the possibility of fine and imprisonment.			
Printed			Title
Signature			Date / /
This Notice of Intent is only valid for twelve (12) months following submittal to the cabinet, in accordance with 401 KAR 42:060, Section 6.			
Check appropriate box:	<input type="checkbox"/> UST Owner <input type="checkbox"/> UST Operator <input type="checkbox"/> UST Remover <input type="checkbox"/> Other (specify): _____		
If you have questions on how to fill out this form please contact the cabinet at (502) 564-5981 or visit our web site at http://waste.ky.gov/ust . For copies of facility records please visit http://eec.ky.gov/pages/openrecords.aspx or email DEP.KORA@ky.gov .			

¹ Piping Only – A Closure Assessment Report (CAR) is required when new piping installation does not occur in the same piping trench.

² SFMO – State Fire Marshal's Office